PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket	Number		$\longrightarrow$			
		First Named Inve	ntor					
		CON	COMPLETE IF KNOWN					
		Application Numb	er					
Declaration	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
Declaration Submitted OR with Initial Filing		Group Art Unit						
		Examiner Name						
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR END-TO-END SECURE								
DATA COMMUNICATION								
DATA COMMONTED TOO								
(Title of the Invention)								
the specification of which								
is attached hereto								
[ <del></del> ]	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
was filed on (MM/DD/YYYY) as United States Application Number or PC1 International								
Application Number	and was ame	Y)	(ıf applicable					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	py Attached?			
Hamber(8)		(						
			Ħ					
			$\Box$					
Additional favoign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR Correspondence address below							
Name JAYANT SHUKLA							
Address 124 VISTA CIRCLE DRIVE							
city SIERRA MADRE		State CA	ZIP 91024				
Country USA Tele	ephone 626-	836-5545	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) JAYANT	KLA						
Inventoras Sayant Shuhle Date 7/20/2001							
Residence: City SIERRA MADRE	State CA	Country USA	Citizenship ) NDIA				
Mailing Address 124 VISTA CIRCLE DRIVE							
city SIERRA MADRE	State CA	ZIP 91024	Country USA				
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])  Family Name or Surname							
Inventor³s Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
City	State	ZIP	Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							